

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**Parenting and Family Difficulties: Nurturing Parenting Program**

**ADMINISTRATIVE INFORMATION**

|                  |                      |                    |                      |
|------------------|----------------------|--------------------|----------------------|
| Client ID        | <input type="text"/> | Client First Name  | <input type="text"/> |
| Client Last Name | <input type="text"/> | Therapist ID/NPI # | <input type="text"/> |
| Provider ID      | <input type="text"/> |                    |                      |

**END OF TREATMENT INFORMATION**

Date of Last (EBP Treatment) Session  Total Number of EBP Treatment Sessions

Completed EBP? ☐ Yes ☐ No If YES, Client's Treatment Success? ☐ Significant ☐ Partial

**If Client COMPLETED EBP, Please Check One for Disposition**

☐ Began New EBP ☐ Linked to MHS at Another Agency ☐ Case Closed  
☐ Continued in Concurrent EBP ☐ Began Non-PEI MHS ☐ Linked to Non-MHS in Community

**If Client DID NOT COMPLETE EBP, Please Check One for Disposition**

☐ New EBP with Different Focus ☐ Deceased ☐ Foster Care/Residential Placement  
☐ New EBP with Same Focus ☐ Psychiatric Hospitalization ☐ Continued in Concurrent EBP  
☐ Arrested ☐ Moved ☐ Linked to Non-MHS in Community  
☐ Detained by DCFS ☐ Unable to Contact ☐ Linked to MHS at Another Agency  
☐ Medical Hospitalization ☐ Withdrew ☐ Began Non-PEI MHS

**END OF TREATMENT QUESTIONNAIRES**

**Eyberg Child Behavior Inventory®**  
Clients Ages 2-16

Admin. Date

Intensity Raw Score

Intensity T-Score

Problem Raw Score

Problem T-Score

If "Unable to Collect," Enter Number from Below

**Sutter-Eyberg Student Behavior Inventory-Revised®**  
(If Parent is Unavailable)  
Clients Ages 2-16

Admin. Date

Intensity Raw Score

Intensity T-Score

Problem Raw Score

Problem T-Score

If "Unable to Collect," Enter Number from Below

**Reasons for "Unable to Collect"**

- |                                                 |                                       |                                       |
|-------------------------------------------------|---------------------------------------|---------------------------------------|
| 1. Administered Wrong Form                      | 5. Lost Contact with Parent/Caregiver | 10. Parent/Caregiver Unavailable      |
| 2. Administration Date Exceeds Acceptable Range | 6. Not Available in Primary Language  | 11. Premature Termination             |
| 3. Clinician not Trained in Outcome Measure     | 7. Not Required (SESBI Only)          | 12. Teacher Refused (SESBI Only)      |
| 4. Invalid Outcome Measure                      | 8. Outcome Measure Unavailable        | 13. Teacher Unavailable (SESBI Only)  |
|                                                 | 9. Parent/Caregiver Refused           | 14. Therapist did not Administer Tool |